**COMPLAINT FORM**

**CONSUMER**

Please answer the questions below as completely as possible and include copies of your bills, contracts, estimates, receipts, warranty, advertisements, etc. Do not send originals. Please print neatly or type. Please do not use staples.

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**Name Of Business Complaint Is To Be Filed Against**

| Name of Business: __________________________________________ |
| Address: __________________________________________________ |
| City: _______ State: _____ Zip: _______ Tel: ___________________ |
| Fax: ____________________ Email: ____________________________ |

<table>
<thead>
<tr>
<th>Name of Consumer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Name: ____________________________</td>
</tr>
<tr>
<td>Address: __________________________________________________</td>
</tr>
<tr>
<td>City: _______ State: _____ Zip: _______ Tel: ___________________</td>
</tr>
<tr>
<td>Cell: ___________ Fax: ____________________ Email: __________________</td>
</tr>
</tbody>
</table>

**Specific details about the transaction:**

Did you sign a contract? Yes: ____ No:____

Did you receive a warranty? Yes: ____ No:___

Did you buy an extended warranty? Yes: ____ No:____

Did you pay by credit card? Yes: ____ No:____

Have you contacted your credit card company to dispute your bill and request a credit to your account? Yes: ____ No:____

Date of Transaction: ______________ Price:$__________________ Amount of money paid? $_________

Name of person you dealt with:

____________________________________________________________________________________

Was the service or product advertised? Yes ___ No ___ If yes, was the advertisement accurate? Yes ___ No ___

What is the product or service you are complaining about? ______________________________________

________________________________________________________

Have you submitted this matter to another agency or lawyer? Yes ____ No ____

Agency’s or lawyer’s name and phone:

____________________________________________________________________________________

Have you sued the company or has the company sued you? Yes ____ No ____

May we send a copy of this complaint to the business? Yes ____ No ____

If you check “no” we will not be able to mediate your complaint. However, we will keep your complaint in our files.

Please complete the other side.
Please summarize your complaint in the space below. This complaint petition will be the only document we forward to the business. Describe any promises the business made and whether those promises were kept. You may send in additional and more detailed materials and statements to assist us in our mediation effort, but please keep them separate from this complaint.

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How did the business respond to your complaint?
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What do you believe would be a fair resolution of your specific complaint?
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Today’s date: ____________________________  Your Signature: ____________________________

Please indicate which age category applies to you (statistical purposes only):
Under 18( )  18-29( )  30-39( )  40-49( )  50-59( )  60-69( )  70-79( )  80-89( )  90 plus( )

This complaint form is valid only when accompanied by a letter from the Office of Attorney General.